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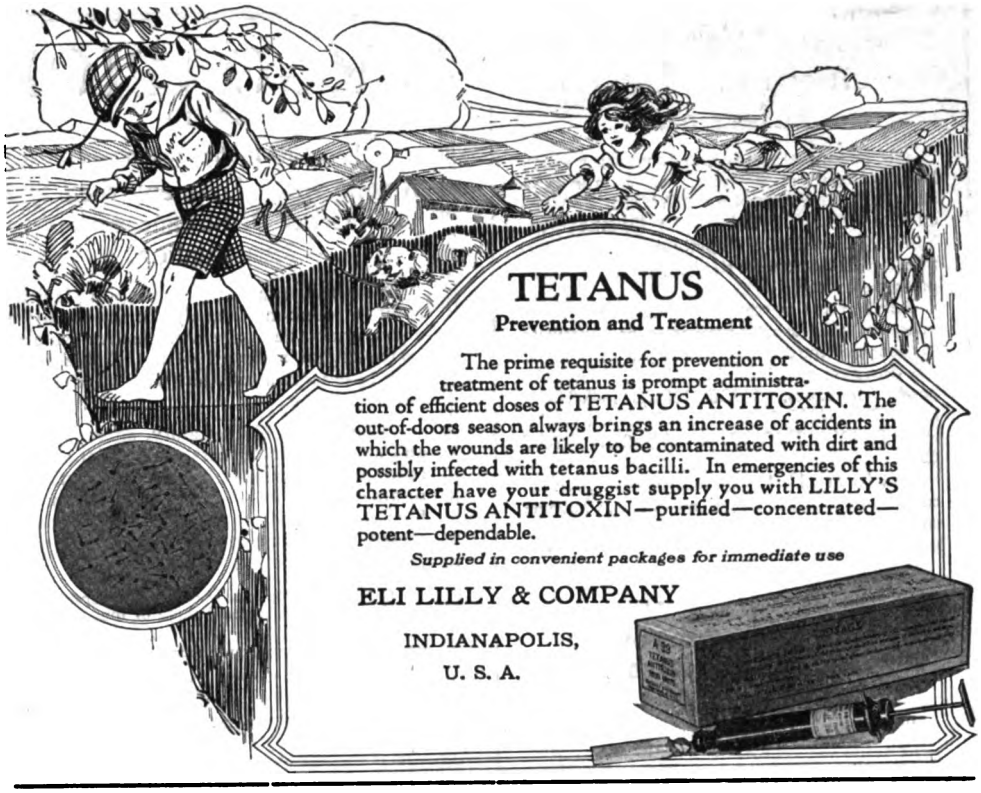

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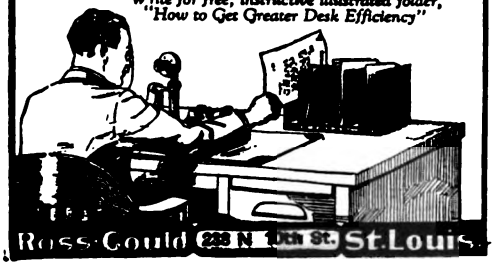

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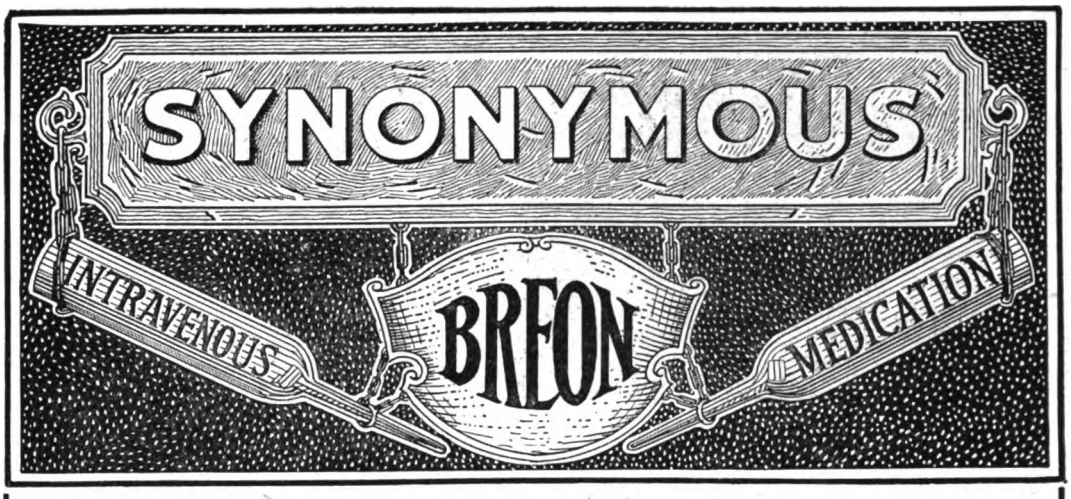

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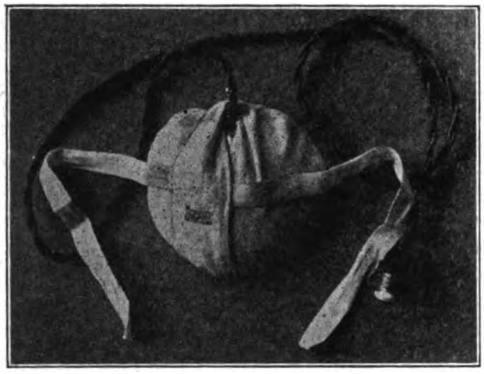

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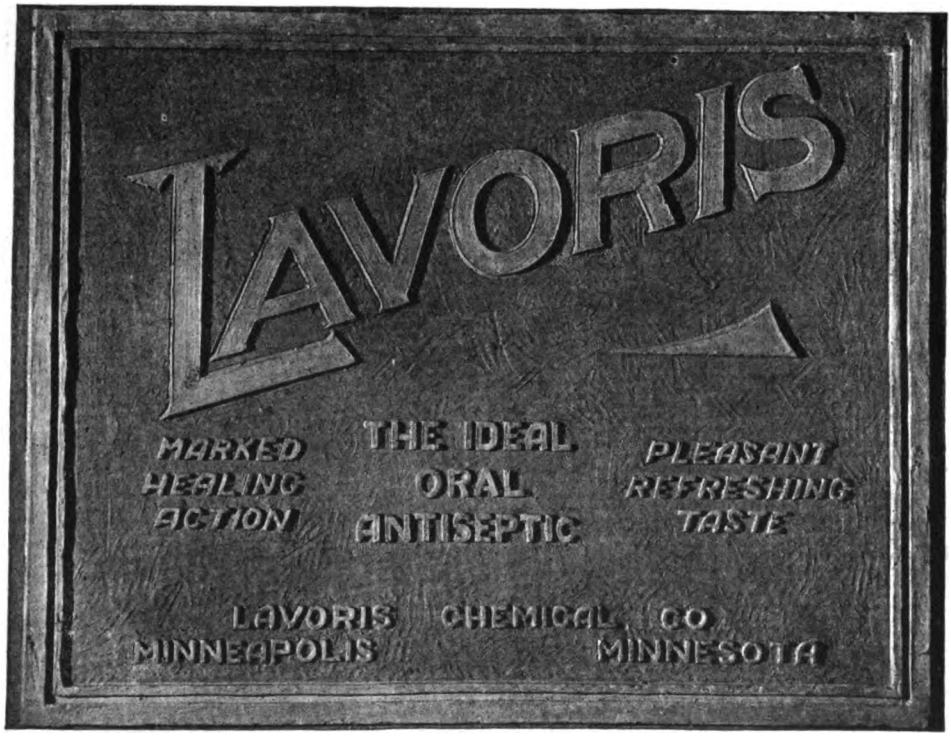

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Western Medical Times

VOL. XL DENVER, COLO., JUNE, 1921 No. 12

Surgical Rejuvination and Sex Gland Implantation.

THOMAS WEBSTER EDGAR, M.D.,
New York City.

It is my intention in presenting this paper of offering several cases of gland implantation, along with the treatment of debility by the Steinach method. The histories which follow have been picked at random from my office files in a series of fifteen cases on which I have operated. To Miss Alice Lake my secretary I am greatly indebted for the painstaking manner in which she has helped me.

All three cases quoted had been treated by every known method including, routine administration of the various endocrine preparations, active electrical stimulation, instillations, and the application of psyco-therapy in the form of both hypnosis and suggestion.

The indications for surgical interference were carefully considered, and were not resorted to until all other known methods had failed. None of the cases cited suffered from any disease of the sex glands, aside from a functional inability of the testicles to secrete, thus establishing the cycle of endocrine events necessary to the maintaining of bodily vigor and the performance of the sex function.

Case 1. G. B., male, single, age thirty-six. Referred by Dr. B., Jan. 3, 1919.

Past History—Negative aside from the oridnary diseases of childhood, and an attack of catarrhal jaundice at the age of 15.

Alcoholic History—Moderate, very occasional glass of wine.

Sexual History—At the age of 18, commenced the practice of masturbation. When 24 years of age sought medical advice, was circumcised, which effected a cure. At the age of twenty eight contracted a posterior gonorrhea, later complicated with stricture, necessitating an external urethrotomy one year later. The sex inclination always predominated in this individual, patient indulging in the act of intercourse promiscuously and at very frequent intervals. At the age of thirty-two, patient began to notice a great weakness following a single coitus. Later this condition became extreme. For the past three years erections have been incomplete and ejaculations premature. Nocturnal and diurnal emissions have occurred at frequent intervals, followed by profuse sweating. Dating from the time erections were effected up to the present the patient has gained approximately thirty pounds in weight. During this time, the mental condition has deteriorated in that he lacks the power of concentration, and the power of recalling familiar names and dates on instant demand.

Physical Findings—Well nourished individual presenting certain well marked presenile stigmata. Eyes dull. skin harsh and dry, and devoid of elacticity. Heart, lungs and nervous system negative. Penis small, scrotum contracted. Testes normal in size and consistency. There was no pain elicited either over testicles or cord. Prostate, normal: massage causing copious discharge of fluid. Spermatazoa motile as seen by the use of a warm stage microscope.

Endocrinological Classification—Gonodal.

Operation—Implantation of testes.

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Left side of scrotum, between the visceral and parietal layers of the tunica vaginalis. Anaesthesia general, time of operation thirty-four minutes.

Result—On January fifteenth the wound had healed by primary union. At no time was there any evidence of a slough, the implanted gland adhering to the tissue of the recipient perfectly. At this time the patient volunteered the information that he was feeling much improved in that his powers of concenttration were better than they had been in years. On January twenty-fourth patient was awakened by the onset of violent erections which persisted till ejaculation took place. February twenty-fourth patient informed me that his sex function was normal in every way, and that he was enjoying a normal existence. Since this time I have frequently seen this individual, and find no diminuition in the corrected condition.

Case 6.—H. F., married, age 58, referred by Dr. H., April 10, 1919.

Past History—Negative, aside from a right sided Potts fracture suffered twenty years ago. Occupation has always been that of a broker.

Venereal History—Negative.

Present History—For the past five years the sex function has been lessening gradually. During this time the patient has been unable to perform with satisfaction his martial obligations, due to an inability to maintain erection. Occasionally nocturnal emissions have occurred. This patient informed me that he has aged more during the past three years than ever before, he being utterly unable to perform the slightest physical labor without being followed by intense fatigue. His concentration had become so poor that he was forced to give up a lucrative business life to seek medical aid on the continent.

Physical Findings—Very asthenic and apathetic in appearance. Mentality depressed. Physical appearance of that of a man seventy years of age instead of fifty-eight. Walked with bent shoulders and unsteady gait. Hair thick, but dry and gray, skin wrinkled. Viscera negative throughout. Blood pressure, systolic 106 milli-meters of Hg. Mean pressure 25 M.M. of Hg. Nervous system sluggish in all reactions. Wasserman negative. The blood picture was negative aside from the presence of a slight secondary anaemia, due as I felt to faulty oxidation, combined with anorexia, and a lack of proper nourishment and exercise. Testes were normal in every respect, except for a slight atrophy of the left. The prostate was slightly hypertrophic, but not unduly sclerotic. Massage elicited the presence of a small quantity of secretion, which was thick and viscid.

Note, *i. e.* This patient was more desirous of alleviating the predominating symptoms of lethargy, asthenia, etc., than he was of having restored the sex function of erection and ejaculation. In view of the fact that the patient was fifty-eight years of age, I decided in favor of the Steinach operation, in the hope that I would be able to cause active proliferation of the testicular secreting cells, which would be followed by activation of the interstitial cells of Leydig, thereby overcoming or neutralizing calcification, and deteriorization of the other endocrinological elements so essential to the preservation or body function, in maintaining heat, energy and vigor of mind and body.

Endocrinological Classification—Adreno—Gonodal.

Operation—April 25, 1919. Double Steinach performed under general gas and ether anaesthesia. Time thirty-two minutes.

Result—Wound healed by primary union in ten days. At this time medication in the form of adrenal substance was administered three times daily in one half grain doses. June 2nd, this patient began to show very definite signs of improvement, by an increase in blood pressure, along with a general feeling of well being, as expressed by a desire to again enter business. During the early part of August of the same year the patient returned from Europe and presented himself at my office for examination. He was in excellent condition. His musculature was firm, and his gait steady. Concentration was much improved, so much so that he had negotiated several important contracts while abroad. The skin was ruddy and healthy looking.

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Examination of the testicles gave distinct evidence of hypertrophy. One of the interesting features of this case was that since the operation the hair on the face had increased in thickness so much so that he was forced to shave daily, while in the past this procedure was only necessary every third day. This patient has been permently rid of the symptoms previously displayed and is today very actively engaged as president of the board of directors in one of the largest brokerage houses in the country.

Note, *i. e.* In the course of my experimental work on animals, I have demonstrated the fact that proliferation of testicular tissue does follow the Steinach operation. There is a very definite microscopic increase both in gland substance and Leydig cells. This I demonstrated by performing a unilateral operation on an animal, and following the case to autopsy. The testicle operated often will increase in size from ten to fifty per cent; connective tissue of course predominating.

R. B. Age 63—married—Paris France. Consulted me February, 1920.

Past History Negative—Alcohol and tobacco used in moderation.

Present History—This patient informed me that up to three years ago he considered himself most healthy and energetic. He was never ill. Three years ago he felt that he was falling into a physical decline, as evidence by intense lethargy, and fatigue following slight mental or physical exertion. His bowels became sluggish, musculature flabby. Anorexia and insomnia manifest themselves and as a result patient became malnourished, and the subject of any intercurrent malady that happened to be going the rounds. His temperature was always subnormal. The sex inclination along with function was absent and had been so for the past two years.

This patient being a medical man and a keen observer, informed me that his apathy grew worse in proportion to the loss of the sex function. In other words he dated his debility from the time he lost the power of erection and ejaculation, and felt that his condition was directly dependent on the fact that he was functionally incapable of manufacturing sufficient testicular hormone to properly activate the cells and structures of his body, and as a result, he was becoming senile. At his solicitation I administered various combinations of glandular preparations in varying doses without result.

On April the twenty-second this patient submitted to a double Steinach operation. On May 6 he was discharged. July 12th patient visited me at the office. His appearance had changed entirely; in place of the apathetic individual, I was confronted with a robust man, younger in appearance by at least ten years. His stature was erect, while his eyes were bright. He had gained over twenty-five pounds in weight. His appetite was good, and he was sleeping eight hours nightly. The blood picture had materially changed, as shown by an absence of the secondary anaemia. Rectal examination revealed much to my surprise a soft pliable prostate slightly hypertrophic, but normal in consistency. Massage of the gland causing discharge of fluid normal in appearance.

CONCLUSIONS

In those cases of impotency in the young adult, where all forms of treatment have failed, I strongly advise implantation, if done by one perfectly understanding the intricacies of the procedure. In late adult life, when senility is beginning to manifest itself in obscure conditions where deterioration is evident mentally and physicially, the Steinach operation should be given preference.

Longevity is not dependent on the age of tissue, but on the nourishment of that tissue by internal secretion. Glandular activity is the determining factor in all presenile or senile cases, whether the individual be twenty or eighty. Debility, when there is no specific condition present to account for the condition is in many if not all cases due to a functional inability of the testicles to secrete its normal hormone, I feel that many conditions in the middle aged adult, such as arthritis, Parkinson's disease, etc., may be the result of improper nourishment, due to a deficiency of glandular secretion, and if the case may be correlated in the senile catagory, the condition may

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be alleviated by a revitalization of the sex gland through surgical interference.

Note, *i. e.* Professor Steinach of Germany deserves credit for first establishing the fact that testicular proliferation modifies senile phenomena, and from a feeling of fairness, and great respect for his master work on senility, I have called the operation after his name.

766 West End Ave.

Twentieth Century Baldness.

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The medical term for baldness is "Alopecia" which is a Greek word meaning a "fox", and so-called because a fox frequently has bald patches on his coat. Perhaps there is even a closer relationship between bald-headed people and a fox, but that point has not been settled. There are three main types of baldness, namely (1) Congenital. (2) Senile and (3) Premature, and it is the third type which concerns us most and to which I have given the name *"Twentieth Century Baldness"*. This is the variety of baldness which does not follow disease, but appears without apparent cause between the ages of 20 to 35 years.

Men are affected more frequently than women, and this is fortunate for the ladies, because "a woman's crowning glory is her hair". Baldness among young men is on the increase, and we have examples of it on all sides of us. At almost every public gathering one can see hundreds of men not over thirty years old with little or no hair adorning the crown of their heads. They are victims of *Twentieth Century Baldness.* Some authorities doubt if an idiopatic form of premature alopecia exists, because 60 to 75% of all cases usually have seborrhea. Although this is a fact I do not believe that all cases of premature baldness are due to disease, because 60 to 75% of people without alopecia have some degree of seborrhea, yet they retain a luxuriant growth of hair all their life. Therefore there is a type of baldness which appears without apparent cause, and I believe heredity is a strong predisposing factor. Not the limited heredity often implied, but the heritage of our ancestors centuries ago, who first discarded the habits and customs of the cave-man. Man is undergoing a gradual transformation, and the present generation has the advantage of being able to witness the progress of some remarkable changes which are now taking place. The hair on our body is but the vestige of a former shaggy coat. A few more centuries and it may entirely disappear. There is no hair on the palms of the hands, the soles of the feet, the last phalanges of the fingers or the vermilion border of the lips. We can also note the change which is taking place in the number of teeth which man possesses to-day. Three generations ago the average number of teeth in a full adult set was 32. To-day in 50% of people there is a failure of all the third molars (wisdom teeth) to put in their appearance. In a few generations the average number of teeth will be reduced from 32 to 28. Why? Because nature has found that man's food to-day is such that a large grinding surface is unnecessary, and therefore she withholds the teeth which man needed when he chewed tough meat and other articles that required heavy grinding.

Although we have visible evidence that man is undergoing a gradual transformation, it is by no means a proof that man is the descendant of a monkey. The automobile is an example of a machine in which changes are constantly being made. Old features are eliminated and new ones added. The modern palatial sedan is very different than the first automobile which was manufactured, just as man to-day is very different than

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man centuries and centuries ago, but man is no more a descendant of a monkey than an automobile is the descendant of a caterpillar.

Since premature alopecia or *Twentieth Century Baldness* is due to nature's decree, and caused by habits of our ancestors many centuries ago, we can readily understand that a man today cannot correct conditions by not wearing a hat or by undergoing unusual exposure. He would have had to start with his ancestors ages and ages past, and prevented them from wearing hats and adopting customs which result in premature baldness to-day.

There are many terse sayings regarding baldness such as "Grass doesn't grow on a busy street, and that "a baldheaded man is seldom found in an insane asylum." Many expert authorities and observers agree, however, that premature baldness is common in those who perform intellectual work.

When premature baldness is due to some local or general disease, it is not difficult for the skin specialists to locate the trouble, and with appropriate treatment bring about the normal growth of hair. The very slightest stimulation will cause healthy hair to grow, and I have had several young lady patients with a small beard, which was caused by the use of patent salves which they used for the treatment of pimples and eczema of the face. A woman who does not want a growth of hair on her face should consult a physician before using any ointment on her skin.

Senile alopecia is a part of the usual atropic changes in the aged, and begins with a thinning of the hair and ends eventually with complete baldness. John D. Rockefeller is an example of this type. His last hair disappeared several years ago and he now wears a gray wig. We came into this world without teeth and practically no hair, and it seems as though nature tries to send us to the grave in the same condition.

In a typical case of *Twentieth Century Baldness* a young man of about 25 years of age notices that his hair begins to fall out faster than is normal, and that his hair is becoming thinner and finer. On examination no local disease is found, but he continues to lose his hair until only a fringe is left on the occipital and temporal regions. This is the type of baldness which is so prevalent to-day, and although our ancestors are chiefly to blame for it, we should do all in our power to prevent it's onset.

Prophylaxis is of vast importance and consists of daily brushing of the hair, and well regulated habits of hygiene. If the hair is dry, oil should be supplied in small quantities, and I usually recommend a few drops of liquid vaseline every third day. This should be gently rubbed into the scalp, avoiding an excess of oil. It is wrong to wet the hair with water every day, but a shampoo with soap and water is necessary every three weeks, unless the hair is exposed to an unusual amount of dust or dirt, in which case a washing may be given it every five days. Singeing, cutting or shaving the hair is absolutely of no benefit. Simple massage is a good procedure, but should not be used when there is any local disease. Electricity has no special value. It is not good policy to go without a hat, and expose the head to the sunlight for a long period of time as I know of cases in which this resulted in complete loss of the hair. Exposure to natural sunlight should only be undertaken when the sun's rays are properly regulated, and under the direction of a competent physician.

General Treatment. If there is any general disease or condition affecting the general health it should receive careful attention and appropriate treatment. Moderation should be observed as regards eating, drinking, exercise and mental effort. Excessive study should be avoided, and as almost all authorities agree on this point, is shows that there must be some relationship between brain work and the growth of the hair. The Elixir of iron, quinine and strychnin is a useful tonic, and also pilocarpine, which in some cases has produced a luxurious growth of hair. It is advisible to restrict the use of meat and protein, as baldness is not as common in vegetarians as in meat eaters.

Local Treatment. In selecting a soap to use for the shampoo it is important that a mild soap be used. It is harmful

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to use a medicated soap as it is too irritating and over-stimulates the scalp. Once every three weeks is often enough for the shampoo in most cases. Gentle digital massage once a day is very beneficial. I do not consider treatment with the artificial sun lamp of value, and in some instances I know of harm following it's use. Long exposure to natural sunlight is also harmful, but short exposure properly supervised, is helpful in some cases.

The local applications vary according to the condition of the patient's scalp, but I usually begin with an ointment containing 10% of precipated sulphur. When the hair ceases falling and the scalp is clean, I start in using a mild stimulating lotion, and gradually increase the strength, until the desired action is obtained.

Baldness is a condition of universal interest, and like the lightning, we never know where it will strike. To carry the figure of speech still further, we will note that prevention is the best course to follow in both cases. Every case of baldness should be carefully studied in order to determine the type. In those cases where local or general disease exists, and the proper diagnosis is made, it is remarkable how quickly the hair can be made to grow, a result for which the patient is truly grateful. I have often been asked why the hair grows in curly after an attack of typhoid fever, and the answer is that the new hairs which grow are flattened in shape, and that causes them to curl. The flatter the hair is shaped the more curly it is. Round shaped hair is very straight. In damp weather natural curly hair becomes more curly, but hair which is curled with a curling iron loses it's curl in wet weather. There are about 110,000 hairs on the head of an adult with a normal growth.

Twentieth Century Baldness or idiopathic premature alopecia, is a condition which is on the increase and has been handed down to us by our ancestors. Someone in the prehistoric age should have told the first cave-man who wore a covering on his head to "take his hat off". It is much too late for a man to begin to go without his hat to-day, as the habit should have been started centuries ago in order that the men in the "first row" at the theatre might have a luxuriant growth of hair. The young man of to-day who does not wish to become bald should devote careful attention to the proper methods of prevention, and begin the correct treatment at the first signs of *Twentieth Century Baldness.*

396 Franklin Ave.

Active Immunization Induces Exercise. Exercise, if not carried to excess, aids development. If the immunizing mechanism is below par, it should be developed. This can be accomplished by the injection of dead bacteria which can not resist the phagocytes, but which stimulates the immunizing mechanism, for their destruction exercises it, if you will. Sherman's Polyvalent Vaccines are dependable immunizing antigens. Prophylactic immunization has demonstrated this fact. Therapeutic immunization is doing so in acute and chronic infections. Your infectious cases should have the benefit derived from the use of polyvalent bacterial vaccines. Having devoted our entire time to this subject, we feel that we can speak authoritatively. We will be pleased if we can be of service to you. Literature on request. Bacteriological Laboratories of G. H. Sherman, M. D., Detroit, U. S. A.

In the Comedy Relief section of the May issue of "The Bloodless Phlebotomist," a delightful satire entitled, "Too Late Now," by James Montague, gives a mirthful view of gland transplantation vs. euthanasia at sixty. This is only one of several worth-while features of this publication. J. Petrie Hoyle, M.D., the first American physician to serve in Flanders during the World War, contributes a very interesting article on war injuries, and the article on "Treatment of Inflammation of the Fallopian Tubes," by Dr. J. Sidney Eason, Coldwater, is well worth reading.

If you have not received this little journal a request to The Denver Chemical Mfg. Co., New York City, will bring, without expense to you, the May number as well as future issues.

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Principles and Methods in the Sippy Treatment of Peptic Ulcer.

SIXTH PAPER

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By peptic ulcer I refer to esophageal, gastric and duodenal ulcer but more especially to pyloric and duodenal ulcer, since in this region peptic ulcer more frequently occurs, and sequelae are more liable to occur if the ulcer remains unhealed. Esophageal ulcer seldom occurs, and gastric ulcer other than near the pylorus responds to the treatment of the pyloric and duodenal ulcer without the special care necessary in the treatment of these latter ulcers. Whether an ulcer be pyloric or duodenal makes little difference in so far as treatment and sequelae are concerned.

Ulcer requires one year for treatment. Not that the patient shall be in bed or away from his work that length of time. In fact, he need only be under accurate observation more than three or four weeks at the beginning of his treatment.

During this period of accurate observation, or preliminary treatment, the patient must either be in a hospital or under a trained and experienced private nurse. The patient is put strictly to bed, for it is found that the stomach glands secrete less if the patient is quiet and restful.

The researches of Pawlow and his coworkers have rather definitely demonstrated that the quantity and properties of the gastric secretion vary with the quantity and character of the food.

Certain foods contain substances known as secretagogues, that are able to cause a secretion of gastric juice when taken into the stomach, such as meat extracts, meat juices, meat soups, meats, nuts, cheese, the acid fruits, sweets, some of the heavier vegetables, condiments and stimulants.

In other foods these ready formed substances are diminutive or lacking, and are only formed during the process of digestion. Among such foods are milk, cream, butter, cereals, toast, eggs, custards, bread, cream soups, some of the lighter vegetables, jellies and the less acid fruits, bacon, chicken and fish.

This latter class of foods when eaten produces at first a conscious reflex secretion only, a so-called psychical secretion, and when this secretion has acted upon the foods some products of their digestion in turn become capable of arousing a further flow of gastric juice.

Likewise the gastric secretion resulting from the eating of this latter class of food is usually less in quantity, acidity and digestive action, and thus produces less irritating effects upon peptic ulcer.

Since the quantity of gastric secretion at any one time depends, other things being equal, upon the amount of food in the stomach to be digested, it follows that the food should be given in small bulk.

Again ulcer patients are usually poorly nourished because of their mortal dread of pain, following the temporary relief obtained from the taking of food, and since the food must be given in small bulk, it is essential that the feeding be frequent and regular, and that the food be concentrated and highly nourishing and be properly balanced in proteins, carbohydrates and fats so as to properly nourish the patient and even add weight and strength.

The first principle then in the treatment of peptic ulcer is: (a) That the food should be of such a character and be given in such bulk as to favorably influence the acid, and digestive properties, and quantity of gastric secretion. (b) That the food should be frequently given, highly nourishing and properly

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balanced in order to restore and maintain the patient's strength.

In the Sippy treatment the patient's feedings begin daily at 7 a. m., and consist for the first two or three days of milk and cream equal parts, ounce three every hour. After two or three days eggs and cereals are added so that by the tenth day of treatment the patient is taking milk and cream ounces three every hour, to which is added daily three eggs , one at a time, and nine ounces of cereal, ounces three at a time. The total bulk at any one feeding while the food is taken every hour should not exceed six ounces, many of the feedings will not equal that amount. Additions are graduallly made to this diet until by the end of three or four weeks the patient is on a full ulcer diet, which consists of milk and cream, eggs, cereals, toast, butter, rice, custards, cream-soups, vegetables, purees, jellies, lighter vegetables and meats, the less acid fruits and limited sweets with feedings continued every hour, or six times daily. Water at room temperature is given ad libitum and nothing cold or hot is taken in the stomach. All foods are prepared bland.

The second principle in the treatment of peptic ulcer is, that the free acidity of the stomach must be completely neutralized.

It has been proven that a small amount of free hydrochloric acid in the stomach is just as potent in activating the pepsin as a high degree of acidity, also that while acid gastric juice may not be the cause of peptic ulcer, yet it is always present in varying amounts in active ulcer, and its corrosive action is the most important influence that retards the healing of peptic ulcer.

The gastric juice without free hydrochloric acid is practically inert and does not retard ulcer healing any more than any other bland substance. Therefore proficient treatment must depend upon rendering inactive the otherwise corrosive gastric juice.

The free hydrochloric acid in the stomach may be neutralized by food, alkalis and aspirations.

The combining power of the food takes up the free acid and combines it with the protein forming acid albumins and peptones, so that the free acid becomes inert. Usually, however, only a portion of the free acid can be neutralized by the food. We must depend to a large extent upon alkalies.

Alkalies have various powers of neutralization. Sodium bicarbonate is taken as a unit. Heavy calcined magnesia has four times while calcium carbonate has two and one-half times the neutralizing power of soda. Bismuth subcarbonate was formerly used, but it is not nearly so good as calcium carbonate, besides its price is prohibitive.

The following powders are prescribed:

Calcined magnesia (heavy). Sodium bicarbonate as gr. ten. Equivalent to 50 grains of soda bicarbonate.

Calcium carbonate gr. ten. Sodium bicarbonate gr. thirty. Equivalent to 55 grains of soda bicarbonate.

These powders are given one-half hour after feedings from 7:30 a. m., to 7:30 p. m. After 7:30 p. m., they are given every one-half hour until 9:30 p. m. These powders are given alternately unless the magnesia powders cause too much irritation in the bowel, in which case as many magnesia powders are given daily as the bowel will tolerate, at all other medication periods the calcium carbonate powders are given. The fifteen powders given daily are equivalent to 780 grains of bicarbonate of soda.

These powders, in connection with the food, usually control gastric acidity. However, cases of pyloric and duodenal ulcer that have been associated with stagnation of food and secretions for some time, almost invariably require larger quantities of alkalies.

To determine whether or not acidity is controlled, routine daily control aspirations are made and tested for free acidity. These control aspirations are made just preceding a powder or a feeding, and usually in the afternoon, as it has been found that if free acidity does not occur in the afternoon, it is in all probability controlled during the entire feeding day. In case gastric distress occurs at any time during day or night therapeutic aspirations are made to determine retention and acidity, and

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in case of free acid to increase the alkaline powders.

In cases of pyloric obstruction and retention sufficient to delay the passage of food and secretions out of the stomach in normal time, it is often necessary in the early part of the management to aspirate once or twice during the night in order to remove the irritation of the retained food and secretions. It is found that inflammatory exudative produets are removed if gastric irritation be controlled, and the pylorus becomes sufficiently latent to permit soft foods and secretions to pass through more readily.

During the latter part of the close observation of preliminary treatment, the patient is permitted to be up one-haalf hour each half day, the time being gradually increased until by the time he is ready to return home he is up and around a good portion of the day.

At the close of this preliminary treatment the physician goes over with the patient his case in detail, his diagnosis, the treatment he has received and the reason for every step taken. The patient is to understand that his treatment is only begun, he is not well, only probably improved. The patient is given all instructions necessary to meet his future needs in conducting his own treatment. If there be any retention he is supplied with an aspiration outfit and taught how to use it, and how to test the gastric contents for free mineral acid, and in case of free acid how to control it. He is given instructions about his food and powders, his work and hygiene. He is to continue for six months practically the same treatment he is receiving when he leaves the hospital. After six months he is to receive three regular meals per day with milk and cream, and one hour after, a double powder. In the middle of the forenoon and afternoon and before retiring, he is to have milk and cream and one hour after, a single powder.

To forestall any mistakes the patient might make in conducting his own treatment he is given written instructions in detail.

In case during the time of his own treatment he gets into trouble that he cannot solve, he is to return to the physician, and at the end of a year's treatment he is to return for examination.

This treatment fulfills the physiological and pathological requirements necessary for the healing of ulcer. It is not theoretical but fully practical and results are obtained, if the treatment is followed, in practically all suitable cases.

A necessary aid in the treatment is the full co-operation of the patient. If he comes to the physician in distress he soon gets relief which continues and for which he is exceedingly grateful, for no distress is much worse than an ulcer distress.

Besides the patient feels that you are taking him into your confidence in that the treatment is an open and plain book to him, and if he is at any time during his treatment inclined to be careless, the remembrance of his former distress will spur him to rigid discipline. In fact, it is seldom that the patient goes bad in his own treatment.

No other medicinal treatment, I believe, during the past or in the present has combined so completely all the essentials necessary for the complete healing of peptic ulcer. No other treatment has suggested or followed up a method of check except the feelings of the patient, so essential for successful treatment of ulcer.

The old and generally accepted belief that gastric juice corrosion is the most important influence that retards healing of ulcer, receives confirmation from the results that are obtained by all methods of treatemnt that have contributed to the healing of ulcer.

That treatment, however, is most proficient which reduces to the greatest degree the duration and intensity of gastric juice corrosion, and this is claimed and substantiated for this treatment.

Surgical treatment except in selected cases offers little in the way of cure of peptic ulcer or in the prevention of complications. In cases of marked retention with cicatrical scar in the pyloric region, operation for drainage is indicated.

However, after gastroenterosotomy food and secretions continue to pass through the pylorus proportionate to the

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size of the opening that exists through the strictured area of the pylorus and duodenum, so that the ulcer conditions to be subjected to the corrosive action of the acid stomach contents, which retards or may even prevent the healing of the ulcer. Gastroenterostomy when properly perfomed enables the stomach to empty itself in practically normal time, seldom less than normal time, and sometimes portions of a motor meal are retained longer than seven hours as proven by aspiration.

It would seem then that gastroenterostomy does not reduce the normal duration and only to a degree the intensity of gastric juice corrosion, and it is thus questionable whether after gastroenterostomy the ulcer completely heals or is only improved. It would indeed seem rational to follow gastroenterostomy with the regular courses of medical treatment in order to reduce the possibility of an unhealed ulcer and its dangerous sequelae.

Resection offers a complete cure for peptic ulcer, but it is often impossible to resent duodenal ulcers, or ulcers close to the pylorus and these are the ones that most frequently occur, and cause symptoms and sequelae.

Pyloroplasty removes the obstruction but does not remove the cause of the continuous irritation of the ulcer, viz; the corrosion of the acid gastric juice.

Surgery of course is indicated in complications of unhealed ulcer such as perforations, severe hemorrhage, perigastric abscess, malignant degeneration and, as stated above, in pyloric obstruction.

In conclusion:

1. Medicinal treatment offers the best means of cure in uncomplicated peptic ulcer.

2. The food must favorably influence the quantity and quality of gastric secretion, and be of such a character and so administered as to restore and maintain the patient's strength.

3. Complete neutralization of the free hydrochloric acid in the stomach must be obtained.

4. Daily check by means of control and therapeutic aspirations, on the free acid in the stomach, is essential to the establishment of successful treatment.

5. Complete co-operation of the patient is necessary in the preliminary and after treatment.

6. The duration of the treatment should be at least one year.

7. It is well to follow gastroenterostomies with a regular course of medical treatment in order to reduce the possibility of an unhealed ulcer and its sequelae.

8. In the healing of peptic ulcer, surgery, except excision, does not remove the cause of the continuous irritation of the ulcer; viz, the corrosion of the acid gastric juice, and may not heal but only improve the ulcer.

9. Surgery is indicated in complications of peptic ulcer.

414 Hume-Mansur Bldg.

Stimulation vs. Tonic Action. In treating debilitated or weakened conditions, it is always well not to confuse *stimulation* with *tonic action.* The first means sudden and often extreme excitation of the central nervous system, with elevation of the blood pressure, and a "whipping up" of vital processes, all of which produce an extreme but temporary increase in the activity of bodily functions in general. Tonic action, on the other hand, means the gradual building up of bodily tissues to a point where the different vital functions are performed with full efficiency An excellent example of a real tonic is found in Gray's Glycerine Tonic Comp. This time-tried remedy is not a transitory stimulant, but a real reconstructive, that furnishes the means whereby the tissues are reinforced and strengthened, and restored to permanent physiological activity.

Malarial Disease—Malarial affections with hepatic complications are markedly benefited by the cholagogue effect of Chionia. The activity of the liver is increased, without, however, the depressing catharsis that makes other stimulants objectionable. One to two teaspoonfuls in water, three times a day, is an effective dosage.

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The Proposed Tax on Sales.

FRANK PARKER STOCKBRIDGE.

SECOND ARTICLE.

WHAT WILL THE SALES TAX TAX?

Properly applied, the General Sales Tax must be levied on *every* sale by anybody to anybody.

There was enough reason, while the War was going on, for attempting to restrict traffic in many lines. Anything that diverted labor from the purpose of the Government in its war efforts was properly subject to regulation. But the idea that in taxing pianos and works of art money was somehow being taken out of the pockets of the rich; by letting shoes be sold tax-free at less than $10 special favor was being shown to the poor workingman and his family—such absurdities were conceived by demagogues and born of the desire for partisan votes. They are economically unsound. Intended to produce large revenues, their limited scope has defeated their end; they have merely annoyed and aggravated everybody.

So our General Sales Tax must play no favorities.

The iron ore must pay the Sales Tax when it is sold to the blast furnaces; so must the limestone and the coke that combine with it to make steel. The steel must pay its Sales Tax whenever sold, whether in the form of blooms or billets, in plates or rails or structural shape; the purchaser who works it up into tools and implements, automobiles or ships, must pay the Sales Tax when he sells his finished product to the wholesaler, who in turn must pay on his sales to the retailers; the retailer must pay a Sales Tax when he disposes of a hay-fork or a package of safety razor blades made from the same steel.

To be an adequate tax the Sales Tax must be levied on the farmer's wheat when he sells it; on the miller's sales of his flour, bran and middlings; or if there was a middleman—an elevator company or a Board of Trade dealer who bought and sold the wheat between the farmer and the miller, a Sales Tax must be levied on that transaction, too. The flour merchant who buys the miller's output must pay the Sales Tax when he sells a barrel of flour to a baker; the baker pays it when he sells his bread or rolls to the grocer; the grocer pays it when he sells the bread to the housewife.

Every producer, every manufacturer, every middleman, everybody who handles any mercantile product whatever, must pay the Sales Tax on every sale of any part of that product. There should be no exceptions.

What is a sale?

"A sale is a contract for the transfer of property from one person to another for a valuable consideration."

So long as the contract provides for the ultimate transfer of title the transaction is a sale.

Borrowing and lending are the very heart of modern business. To tax such transactions is to put a tax upon credit: to make it more difficult, or more expensive, than it otherwise would be, for the borrower to borrow.

The lender has obtained the money which he lends through the sale of some commodity, on which sale he will have paid the Sales Tax. The borrower gets a loan nine times out of ten, for the purpose of buying something, when the sale is made, will pay the Sales Tax.

Money transactions that are not sales but loans of cash or credit, are not subject to the Sales Tax.

Banks, insurance companies and other fiduciary institutions are not taxed on their incomes and on their capital stock.

No Taxes that tend to restrict legitimate business credits are in accord with sound public policy.

Earnings from personal services today pay the highest income taxes. They are not sales of commodities and should not be subject to the Sales Tax.

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This would exempt such personal earnings as brokerage commissions, the fees of lawyers, physicians, consulting engineers, etc., who cannot offset the cost and depreciation of merchandise against their gross incomes.

The fact that shares of stock are frequently bought "on margin" does not provide a sound argument against levying the Sales Tax against the full selling price.

There is no escape, if we are to levy an equitable Sales Tax, that will bear annually upon all sales of all commodities, from applying it to sales of stocks and bonds, whether bought or sold on exchanges or without the medium of the machinery of brokerage.

To tax the commissions of the broker as sales would be like taxing the professional fees of the lawyer, the physician, the consulting engineer. None of these deal in commodities; all they have to sell is personal service. And the personal service income tax cannot be escaped by incorporation, as much business income may be under present laws, for the law specifically provides for personal service corporations the tax on which is levied on substantially the same basis as on individual and partnership incomes.

The only sort of a Sales Tax that will not work injustice somewhere, to somebody—a General Sales Tax, paid everytime anything is sold, at the same rate or percentage of the selling price, whether that be one dollar or one million dollars.—Author's Abstract from Drug Trade Weekly, March 19, 1921.

WHO WILL PAY THE SALES TAX?

Under any equitable Sales Tax scheme, the actual payment of tax will be made directly by the person making a sale of any commodity, to the Government.

The payments will be made on the *total* sales in one year.

The present retail taxes are collected from the customer.

Until the goods subject to these taxes are sold to the consumers they are not subject to tax at all.

Some other commodities, under the present laws, are assessed when sold by the manufacturer; others are taxed whenever they change hands.

In the plan for a General Sales Tax these present methods are to be discarded, and the tax is to be assessed, *not* against *commodities,* but against the total *volume of sales.*

The plan proposed will be simplicity itself.

The dealer or manufacturer may suit himself as to whether his books show the sales of any particular commodity.

The dealer will pay his tax once a year, with a single check, based on the total which his sales book shows. The small merchant, doing a business of $30,000 a year will send his check for $60 once a year, representing two-tenths of one per cent on his total sales. The manufacturer turning out $1,000,000 of products will pay $2,000 as his Sales Tax.

Every tax, whatever its nature, is inevitably shifted to the ultimate consumer.

We have examples of this "pyramiding" of taxes, under the present tax laws. High Excess Profits taxes are made the excuse for adding something to price of almost every commodity.

Under the present system no business house can tell what its taxes are going to be until the end of the tax year. So this shifting of taxes has to be done by guess. The guess must be high enough to cover all possible tax contingencies; therefore it is usually much higher than the actual necessity of the case requires.

Under a General Sales Tax, levied on all at a uniform rate, the amount added to the selling price to cover the tax, can be calculated instantly and the seller, if he desires to pass it on, can do so with precision.

Under our present system more than twenty-three cents of each consumer's dollar is paid for taxes!

Not all of this would be eliminated by the General Sales Tax, but a great deal of it would be.

It is easy to figure out the total amount the consumer would have to pay if the entire Sales Tax at two-tenths of one per cent were "loaded" on every sale and the whole pyramid placed on the bill of the final purchaser.

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Take an automobile tire and figure out the Sales Tax at every one of the eleven stages between the raw material and the sale of the finished tire. Cost figures furnished by the President of the Ajax Rubber Company show a tax of *less than two-thirds of one per cent* if every Sales Tax levied every time any of the component parts of an automobile tire were sold were passed on to the ultimate consumer in exact proportion!

The retail customer would not be in a position to check up closely as to whether the amount he was asked to pay as Sales Tax was precisely calculated, or not. But the manufacturer's and dealer's competitors could check up on that point! Sooner or later competition would result in educating the consumer as to just about how much he ought to be expected to pay for all the Sales Tax all along the line. As there are very few persons who are consumers and nothing else, and nobody is merely a producer.

Every human being is a consumer to the full extent of his annual income. Only a small proportion of the average man's money lies idle in the bank. Every dollar with which he buys something will contribute its two-tenths of a cent, directly or indirectly, toward the Government's revenue from the General Sales Tax. The multimillionaire is always buying things; the man with an income of $100,000 a year is much more likely to spend $250,000 a year in buying such commodities as stocks and bonds than he is to let any considerable part of his money lie idle in the bank.

Everybody will pay the Sales Tax, in proportion to his income, in the long run.

The man of small means will pay it in trifling increases in the price of a few commodities.

The man of large income will pay it in a higher ratio to his income, because he customarily uses not only his own funds, but even more borrowed money in making his purchases.

Competition will prevent the excessive overloading of the Sales Tax on the price of commodities.—Drug Trade Weekly, April 2, 1921. Author's Abstract.

Nail Biting.

JOHN C. WARBRICK, M.D.,
Chicago, Illinois.

Why do people bite their finger nails, adults included as well as children?

The question has often been asked but it might just as well be queried why do people do other things as bite their finger nails?

The answer to this question is not very difficult, and is simply put, because they want to do it, a fair enough reason.

The thought gives expression in action and it is done. It is done so with a child. It may suck its thumb or fingers to express an action or it may do so from mental sensation that may arise.

A child has just as much right to suck its thumb or to bite its nail as an adult has to do anything and much more so because a child if very young or a little older has not the understanding that an adult has, so cannot be blamed for such a trifling thing when it does not know.

An adult may get into the way of biting his finger nails from some nervous condition causing irritability of the general system or from some digestive disturbance or because he wants to do it.

It might also come from a habit formed at some time as a result of some mental strain or anxiety.

Why does a man stroke his beard or even grow one? He simply wants to do so and in this there must be some implied mental satisfaction for the individual or it would not be done.

There is no law medical or legal forbidding the personal desire of an individual either to grow a beard, stroke it or to bite the finger nails as may be desired.

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Habits may be formed in early days and continue on in lifetime, same as hobbies and as long as they are personal and of no moment there is no occasion for any anxiety.

Why do children bite their finger nails? Why do they put their fingers in their mouths? Why do they suck their thumbs?

In answering the last question the other two are about answered as well. It may be said that while many grown up persons disapprove of children sucking their thumbs or biting their finger nails, still they are only children younger or older who cannot fully understand so deserve some latitude.

Anyway the habit is not a bad one merely a temporary satisfaction that time alone it may take for the child to grow out of.

If a child had nothing worse to be guilty of than sucking its thumb or of biting its finger nails some while young, it would not be very far astray, if at all.

Anyway it is not to be expected of a child that it is going to walk along a tape line all the time and do nothing at all out of the ordinary while in infancy or older.

Some women seem to get panic striken simply because their child has a habit of sicking its thumb or finger at times so they go to their doctor or druggist to find out what to do, to stop it.

Many adults are guilty of doing things themselves they should not do when they should know better and of course would resent anyone finding fault or of reproving them for much the same as would be done to a helpless and innocent child who could not understand.

Some years ago I remember how a woman would go to a drug store to ask the druggist what to do for a baby that sucked its thumb.

The advise given was to use aloes on the finger nails from time to time until the habit was broken.

Since then the matter has received some attention in the medical columns of newspapers from time to time and in medical journals as well.

Why should a mother pay any attention to a child sucking its finger?

This in itself is not anyway injurious and can cause little or no future disturbance but as time goes by the child no doubt gradually grows out of it.

There must be some source of mental satisfaction to a child no matter how to have its thumb or its finger in its mouth a place where it can use them while unable to understand or they would not be there. The fingers of a child are the most movable part of its body that it can use freely so when anything happens to it of course one or more of the fingers are certain to go into the mouth at once for something to hold on to until the mind is eased for satisfaction, comfort or control.

There is nothing unreasonable about a child that cannot understand using its fingers in such a way. It could hardly be expected that a child if crying would lie still without using its fingers in some way. A child is subject to sensations and has feelings so when it has its fingers in its mouth it has no doubt something to satisfy it.

This was well illustrated in the case of a baby about two months old who was being treated for trouble in its right eye for a time.

It cried all the while it was being treated once a day and both of its hands were always held.

Just as soon as the hands were free the fingers of one of them were quickly put in its mouth to suck which partly tended to stop it from crying and thus console it some.

Cloths were tied about the hands of the baby to keep it from touching its eye but even with that they were also put in its mouth, almost proving there was some good reason why the fingers should be put there. In this case the mother made no objection whatever about the fingers as long as it helped to stop the baby from crying.

I suggested to the mother that she gently lay her hands on the head of the child. This she did and it also seemed to help stop the crying thus the same as the fingers the sensation of contact may have some influence in this connection.

I remember many years ago one beautiful summer afternoon in a Sep-

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tember that two men sat at the bottom of some steps beneath the limbs of apple trees talking for a time.

Just behind was a young boy sitting a few steps higher up. He said nothing at all but seemed to realize the splendor of the occasion in deep silence. He looked steadily in front into the maze as if day dreaming. He had the thumb of his left hand in his mouth all the time supported by his elbow on his knee and so was lost in thought as his subconscious nature was no doubt at work taking in the impressions of the surroundings.

The thumb in the boy's mouth was only a temporary act for the time the same as a man might hold a cigar in his mouth without smoking it as a mere temporary vaciation.

And so long as children have hands and fingers on them so will they continue for all time to put their fingers in their mouth and also suck their thumbs.

Any way of it? Babyhood occurs only once and as it passes on into the next stage of life this earlier act will gradually be forgotten and no harm of any kind seems to be perpetuated.

306 East Forty-third Street.

Letters to a Young Physician.

Regarding Christian Science.

DR. ALFRED KAHN,
New York

Dear Ned.—

Regarding Christian Science, you must bear with me if I digress a few moments, for in thinking over your remarks, naturally our old friend and dear cousin of the middle of the last century comes to mind. You doubtless will remember our old friend Charles Darwin whose habitat was the south of England. You should remember our old friend Charles Darwin, but like a lot of other physicians, young and old, you have probably forgotten this giant of Origin of Species fame, and other like theories. Well, to make a long story short or a short story shorter, our old friend Charles was a first rate fighter. But he was different from the prize fighters of the present day, in that when he was about to enter a fight, he never told the other fellow what he was going to do to him. He just simply did it. And when the show was all over, nobody but our old friend Charles even realized that there had been a fight. It was done,—wiff,—like a gust of wind, and the lights all went out. And the next morning, after we awakened from our night's slumber and set ourselves down to our breakfast table and picked up the morning paper, the following headline on the sporting page, struck our eye,—

"Charles Darwin hits the Whole Religious World a Kick in the Slats.

The Whole Religious World knocked out on a Foul."

When Darwin entered the ring at his usual fighting weight all the grocers began to stop selling crackers in bulk; instead of selling them by the pound, you know that you can nowadays go into a grocer's store and slap down a dime and the clerk hands you out a nice neat package of biscuits all wrapped up in oil paper. Coffee and tea and sugar and a thousand and one other articles, you take home in a little way, wrapped up in a nice neat parcel. Now, before your Uncle Darwin's day, they never did this; they used to serve everything in bulk. But did you ever stop to think why the rich man serves out all these thing in nice sealed packages? Well, one of the reasons is this,—One dull, rainy afternoon, when there was nothing doing, some young fellow got the idea of the chain store. He said, "What's the use of selling this stuff in bulk? If I put it in sealed packages, I can keep track of the packages, keep books on the packages. Then I can open stores all over the world, on every other corner. And

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then, all I have to do is to check my packages, and likewise check the clerk who is going to sell these packages, and make him account for every package that is sold. If I try to hand out the goods in bulk, I can't do the same thing. I can't keep track of the goods, and the clerk who sells the stuff will swipe half he makes." Well, our new friend Christian Science is the same old religious jargon handed out with a nice oil paper, hermetically sealed and well advertised. You slap down your dime and take home your package of religion.

No, Ned, you and a lot of others who think like you, are entirely mistaken. Christian Science is not hurting the medical profession at all. On the contrary, it has done the medical profession an enormous amount of good, I should say, Medical Science; and speaking financially, it has placed an enormous amount of money in the pockets of physicians.

Did you ever have a child come to you with its mother; did you ever have to perform some slight operation on the child? Do you know how, when you placed the frightened child upon the operating table; do you remember how, when you sympathetically said to the child, "Now, don't cry, dear, I am not going to hurt you." Do you remember when you said, "not going to hurt you", when the word "hurt" came out of your mouth, preceded by the two words "not going", "not going to hurt", do you remember how the kid screamed as though the roof was going to fall in, and as though the earth was about to come to an end? Now, if you had said nothing to the child, and proceeded to do your slight operation, probably in nine cases out of ten the baby would not have cried at all. You emphasized the fact that you weren't going to hurt. The psychological effect of your words to the baby meant just the contrary to what you said. The baby knew full well that you were going to hurt her. You emphasized the fact that you were. The mere fact that you called attention to the hurt, meant that you were going to hurt her. This is a natural psychological operation of the brain. The same line of thought is followed out in the business world. Competition emphasizes trade; and in reality, competition is a very good thing. When another fellow is barking as loud as he can that he has apples for sale, he also calls attention to your store across the street; and though you have said nothing, he unwittingly has created a demand for your apples. If he wasn't a competitor of yours across the street and wasn't barking as loud as he could, he wouldn't have any customers and neither would you. The same thing holds true with Christian Science. When a Christian Scientist tells a man that he isn't sick, that he merely imagines that he is sick; that he hasn't pain, that he merely imagines that he has pain; that by taking a certain form of treatment, if you will, that they will cure him of something that he hasn't got, can't you see that the same psychological effect takes place, and that they emphasize that something is really wrong with the poor deluded creature? Now, what they in reality have advertised is not that they have apples for sale, but that they are in the sick business, and you being in the sick business yourself, you get a chance to sell your apples, without the necessity of barking.

No, Ned, the art of treating disease has nothing to fear, come what may. This old world of ours goes round and round and the art of healing the sick is based upon the scientific truths that man is able to gather from time to time. These truths are based upon the best logic that the human brain is capable of. Science seeks the truth regardless of color or creed; and as long as they keep their nose to this track, the doctor has an assured future. What most people overlook, however, is that the world is progressing, that the mind of man is continually changing, and that what man thinks, is continuously changing. He may think the same old stuff over in a new way, or he may make progress along the path of basic inventions and discoveries. Man, as we find him today, to a degree is weak, and is unable to stand upon his own legs; and he will do all kinds of things to keep from losing heart, to keep from becoming discouraged in his daily encounters for existence. In order to make himself feel

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brave, he will go to the extent of fooling himself. In this respect, a man is somewhat like an ostrich. When an ostrich is hunted, he will bury his head in the sand, so that he cannot see the enemy. In this way, he feels safe. But the hunter comes up and easily makes him captive. Now, there is something in a man's make-up that is similar to the ostrich, and he appeals to this fanciful side of his nature through religion. He must have something to worship; and these religions are more numerous than the nations themselves. Often he knows less than nothing about the gods he is worshipping. He is afraid of life from one angle or another, and he appeals to some unknown being, about which he has no conception, to come to his aid. It is through this side of man's nature, that the wise and cunning have been able to control their weaker fellows. But man must, say what you will, at this stage of the game, have the support of some religion.

Now, another thing, we are living in a very practical age. The churches in the past, controlled their followers through the promise of heavenly life or hellish damnation. And the poor fellow paid heavily both in real coin of the realm and otherwise, to keep himself out of hell, when his master in reality knew no more of the life beyond than the poor fool himself. But we are living in a transitory period, we are living in a new age, a very rapid time, through a period where history is being made quickly. What formerly took fifty to a hundred years, now is occurring within a very much shorter space of time. Above all things, man is moving quickly. Hence, you find your quick lunch, your noon-hour service, the invention of machinery, and a thousand and one other changes in our scientfic and economic life. You have a telephone; a man can put a nickel in a slot and talk way up town. And what I want to especially point out is that the modern man, in this transitory period, if a thing appeals to him in a practical sense, will snap at it and is willing to swallow the whole hook, line and sinker. This is well known in the business world. There is a very modern axiom that you hear even among the shop-girls nowadays, and it is relayed all along the line,—"Something for nothing!" If you get up a scheme whereby a man apparently gets something for nothing, you have got him landed. And this is just what, Christian Science does. He is promised health on earth and heaven after death, and the sucker walks in and would willingly let them strip him clean down to his shank cloth.

Now, what I want to point out is that Scientists have nothing to fear from Christian Science or any other fanciful idea that may befall man. Science is like a U. S. Liberty Bond. When the U. S. Liberty Bond is no good, then no other security will be any good, and when there is no use for science, man will be again living the life of a savage, and the new civilization will have to start all over again.

But the boy who is asleep at the switch, or all the old religions, they are the ones that will have to take to the woods as the new religious make their progress. A new religion can't come out and be a success, though, unless it has at least some of the trimmings of the old; and Christian Science is stepping the deluded asses out into their own fold. The world is progressing away from the church towards science. Man is beginning to appeal more and more to the logical side of his nature; and as civilization goes on and man becomes mentally stronger and scientifically wiser, he will depend less and less on the religious side of his make-up. And Christian Science and a number of the new religion containing a certain percentage of the old stuff, are merely stepping stones in man's progress onward.

There's a good time coming, boy, you will not live to see the day; but there's a good time coming. Now, why the public is so gullible as to fall for the new religions, is for the same reason that they go into the grocery store, slap down their dime and take home their box of crackers wrapped up in oil paper. Christian Science is the Uneeda Biscuit of religion. Before Darwin's day they used to hand it out in bulk.

Your affectionate Uncle.

50 East 42nd Street.

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ISN'T IT A SHAME?

"Isn't it a shame that two-thirds of the beds of that hospital are filled with women who have gone there for curettement?" This was the remark made by a woman who had been an inmate of the institution mentioned, having been taken there for removal of a cancerous breast. She made the remark to another woman who was calling on her, after she had returned home.

The remark was made for the reason that that woman did not believe that all those curettements were necessary. In fact, she hinted to her caller that perhaps it would have been better, for posterity in particular, if those operations had never been made, for had they not been, then the earth might have been more thoroughly peopled.

When a lay woman has such ideas and makes such remarks we wonder and continue to wonder why it is that some doctors continue doing unnecessary curettements. Her "isn't it a shame" says much in a very few words. It tells us that, despite the fact that those doctors who do curettements and offer all sorts of excuses for the doing thereof, are not quite as cute as they consider themselves. They fail, and dismally, to cover their tracks, but rather leave an open trail, which might lead an investigator to the uncovering of much which might be unfavorable to the reputations of those doctors, as wells as to the institutions in which they operate, and to the town and state in which they live. If that trail were followed to its final ending and if all things were uncovered, much that might be unpleasant might result.

Many of our best gynecologic authorities tell us that curettage should not be done, excepting in a very few selected cases. That is, curettage for the cure of disease. So, when we hear a woman say that "two-thirds of the hospital beds are occupied with women there for curettement," we wonder if the operators are either not down to date in their methods, or if, as that woman surmised, the curettage had performed for the relief of other than pathologic conditions.

It is a shame, and a real one, that room should be given for any such thoughts, either among the profession or laity, and particularly the latter. For supposing that a doctor is obliged to perform a legitimate curettage, those knowing nothing of the case may be prone to accuse him as they do those who possibly do the operation for ulterior purposes. It is a shame that remarks of this sort are made, or that there is any possible excuse for their making, for they place a cloud over the reputation of the profession of the community in which they are made.

We are not saying that those curettements were not indicated, for we know nothing of the merits of a single case, but we do say that a large number of such operations, done without sanction of the best gynecologic investigators, do give rise to much question in the minds of both profession and laity.

If these many operations are done without other than legitimate purpose, as was hinted by the woman in question, then, no matter how many dollars the operators may miss through not doing them, they should not be done. Not one man in the whole profession should give any man, woman or child reason for such a remark as was made by that woman.

We know that operations of that sort do bring in many dollars to those who perform them, but they are dirty dollars, and they besmudge the reputation of the profession, of the institutions in which they are performed, and of the town and state in which those men live.

Dirty work will bring in the dirty dollars for a time, but finally those who do such work fall by the wayside and are viewed with scorn by those who pass. It is about time the individual doctor washed his hands and become clean. It is also time that the profession, as a whole, began insisting that those unclean should become clean. Let us give no excuse for any such remark as came from the lips of that woman. Let us give no excuse for anyone having in mind any idea other than that we are clean, decent, upright physicians. Let us become so that nobody may point at us with a finger of scorn and call us shameful.

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PHILOSOPHY—THE VERTEBRAL COLUMN.

The actions going on in the organism are so involved that we cannot expect to itemize the particular forces by which each particular segregation is effected in composition. Among the few instances, the best are those in which the mechanical pressures and tensions are in the exact truth.

The vertebral column of man is subject to certain general strains, the weight of the body, together with the reactions of considerable muscular efforts. At the same time, being exposed to different forces in the course of those lateral bendings, which the movements necessitate, its parts retain a certain separateness. If we trace the development of the vertebral column, from its primitive form of a cartilaginous cord in the lowest fishes, we can see that the course to the unity of the unassigned forces, joined with a division into segments, cross to the variety of uncertain forces and their manifestations. Each segment, considered apart, shows the truth. A vertebra is not a single bone. It is a central mass with appendages or processes and in rudimentary types these appendages may be quite separated from the central mass. Indeed, they may exist before that central mass makes its appearance. These individual bones that make up a primitive spinal segment are subject to certain forces that agree more than they differ. And as the fulcrum of a group of muscles that act together, they undergo certain reactions in common, therefore, in the course of development, they gradually coalesce. Some spinal segments become fused together, where they are exposed to some constant and predominant strain. The sacrum is a group of vertebrae firmly united. In the ostrich there are from seventeen to twenty sacral vertebrae. They are confluent with each other and are also confluent with the iliac bones that run on each side of them. In the embryo bird these bones are separate and if we consider the mechanical conditions to which they have been exposed we shall find that their union results in the alleged way and in a way that might have been foretold.

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Through these vertebrae the entire weight of the body is transferred to the legs. Those legs support the pelvic arch, the pelvic arch supports the sacrum, and to that sacrum is articulated the rest of the spine, with all the limbs and organs attached to it. If separate, the sacral vertebrae must have been held together by firm and strongly contracted muscles and must have been prevented from taking part in those lateral movements that the other vertebrae undergo. In other words, they must be subjected to a common strain, while they are preserved from uncommon strains and so they fulfill the conditions under which segregation occurs.

The metacarpal bones, that support the palm of the hand, are separate from each other in most mammalia. This is not in the horse or ox tribe. In the ox tribe only the middle metacarpals (the third and fourth) are developed and these coalesce to form the canon bone. In the horse tribe the segregation is indirect, the second and fourth are rudiments united to the sides of the third and thus they form the canon bone, that is a single cylinder instead of two cylinders forced together, as in the ox. The feet of horses and oxen are used entirely for locomotion, or at least are not put to processes that involve some relative movements of the metacarpals, thus here the unassigned force is single and results in a single mass of bone.

Throughout the entire class of birds, in wings and legs, we find like segregations underly conditions. Thus, the Glyptodon, that is found in fossil form in South America, was a large creature allied to the Armadillo and had a massive dermal armor of many sided plates, closely fitted together, so as to make a large box inclosing the body in such a way as to prevent it from being bent sideways or vertically in the slightest degree. This must have weighed several hundred pounds and was supported on the end of the spinous processes of the vertebrae and upon the adjacent bones of the pelvic and thoracic arches. The great fact, here to be noted, is that here the trunk vertebrae were together exposed to the pressure of this heavy dermal armor, they were preserved by the rigidity of that armor from relative movements and yet the entire series of them were united into one solid continuous bone.

BOOK REVIEWS

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THE CROONIAN LECTURES ON THE PSYCHOLOGY OF THE SPECIAL SENSES AND THEIR FUNCTIONAL DISORDERS, Delivered Before the Royal College of Physicians in June, 1920, by Arthur F. Hurst, M.A., M.D. Oxon., F.R.C.P. Physician and Neurologist to Guy's Hospital. 123 pages, illustrated. Cloth, Price $5.00 net. London and New York: Oxford University Press, 1920.

As might be supposed, this book has to do with hysteria, as evidenced by the manifestations thereof upon the special senses.

In the earlier days, and even today, many of us are of the mind that hysteria is found only among women, but the author very clearly demonstrates, through the recital of many cases, that the condition, disease, or whatever you may please to call it, is really as prevalent among males as in the gentler sex and that, as had been supposed, the female sexual organs have little or nothing to do with the mental disorder.

In this book the author goes more deeply into the discussion of the psychology of the special senses, in this connection, than do most works of a general character, either if devoted to nervous disease or general practice. This makes the book valuable, in that it brings out numerous points almost if not quite wholly overlooked by other writers. Not only does he go into the symptomatology, but gives hints as to treatment, which are of value.

The author had a vast experience during the war and cites numerous cases occurring among men and demonstrates very clearly that hysteria, either in man or woman, is a purely psychic condition and not due to any particular pathology of the nervous system. In reading this book it has occurred to us that there are many passages therein which could be read, with considerable profit, to many of our hysterical pa-

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tients. It will also be found of a very considerable use in our examination of such patients and will give a clearer idea of the condition as a whole.

AMERICAN RED CROSS WORK AMONG THE FRENCH PEOPLE, by Fisher Ames, Jr. 178 pages, illustrated. Cloth, Price $2.00 net. New York: The Macmillan Company, 1921.

As these books upon the Red Cross work in various parts of Europe arrive, we are given intimate history of the War, and the writers give us the story in very readable form. In fact, they might, if not true to the letter, be considered among the "six best sellers" of our current fiction. Despite something rather gruesome at times, one can read this book with absolute pleasure and, like other "thrillers," hates to lay it aside when the reading has been once begun.

The author begins with the incipiency of American Red Cross work in France, even at the times before we entered the conflict, and carries the reader chronologically down to the signing of the armistice and beyond and to the date when the service was discontinued. Thus is the busy man given a very concise and interesting history of the War. Of course, it goes without saying that many details, not directly connected with the Red Cross, do not enter into the book, but the author does tell us of the bombing of Paris, the Big Bertha sieges of that city, and many other things not directly connected with the Red Cross, per se.

This book will appeal to the reader who likes "thrills," for it contains many, and they are all real, in every sense of the word.

THE LOGIC OF THE UNCONSCIOUS MIND, By M. K. Bradby. 316 pages, with frontispiece. Cloth, Price $6.40 net. London and New York: Oxford University Press, 1920.

In this book, some portions of which we have found not readily to be understood during a single, first reading, the author seems desirious of placing a newer definition upon logic, as applied to the Unconscious Mind. This becomes further apparent through the opening remarks in her introduction to the subject:

"Logic has seemed to many people in modern times a dry and abstract study only remotely connected with real life, but this, we venture to think, is because the science has to be re-formed, for we have outgrown the logic of our forefathers, just as we have outgrown their chemistry—a fact which leading logicians are quick to recognize. The student of logic today is called upon to give the subject a fresh start, and this he is enabled to do by the discoveries of Psycho-analysts concerning the Unconscious Mind. Equipped with a new understanding of human motives, he has to look at people's reasoning, his own and other's and see what connection principles may be observed, what general laws are actually in operation.

"It is the recognized task of the logician to discover and formulate those natural laws which a man follows whenever he reasons. But how does any one actually reason? He pursues a train of thought pushed by instincts of which he is wholly unconscious; he jumps to conclusions in a manner which is intuitive and largely unconscious; and at the same time he overlooks some objects deserving attention and heap fantasy on the others, because he finds them a symbolical expression of his undercurrent of desires and interests."

The author then considers formal logic, the unconscious background to conscious reasoning, unconscious notices as the source of fallacy and logic as applied to life, and endeavors to give us clear conceptions of these various subjects. To those who make a study of mental conditions this book will prove of interest. However, as we said in the beginning, it is a work which will require a considerable study before it can be well and thoroughly understood. But as it becomes clear it will be found of a considerable aid in mind analysis.

PRACTICAL TUBERCULOSIS, A Book for the General Practitioner and Those Interested in Tuberculosis, By Herbert F. Gammons, M.D., Superintendent Woodlawn Sanatorium, Dallas, Texas; Assistant Instructor in Clinical Medicine, Baylor Medical College, Dallas, Texas etc. Introduction By J. B. McKnight, M.D., Superintendent and Medical Director, Texas State Tuberculosis Sanatorium, Carlsbad, Texas. 158 pages, illustrated. Cloth, price $2.00 net. St. Louis: C. V. Mosby Company, 1921.

A good name for this book might be "Tuberculosis Boiled Down," for the author gives us a discussion of the subject in a very practical and condensed form, in which the salient features are retained and those more solely of interest to the technician are omitted.

The author makes no endeavor to enter the laboratory side of the question, excepting where that may become necessary, that some particular point may be cleared up. Rather, he considers the disease, in all its phases, from a clinical standpoint and so offers a work which is peculiarly interesting to the general practitioner, to the man who does not pose as a tuberculosis specialist, but who may and frequently is called upon both to diagnose and treat the condition. As no words are needlessly wasted at any point during the discussion, one does not have to wade through and delete a considerable portion thereof which might be of no interest, whatsoever.

The subject is given a logical and commonsense consideration and the author gives no attention to fads or fancies, but bases his remarks upon those things which have been shown worthy through long study upon his part, or that of others. This is a small book which may prove or inestimable value to the busy practitioner who has neither the time nor inclination to wade through the more technical works upon the subject. It will give good direction toward better diagnosis and proper treatment.

THE ANATOMY OF THE NERVOUS SYSTEM, from the standpoint of development and function. By Stephen W. Ranson, M.D., Ph.D., Professor of Anatomy in Northwestern University Medical School, Chicago. Octavo volume of 395 pages with 260 ilustrations some of them in colors. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $6.50 net.

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The anatomy of the nervous system is not, of course a new subject, for it has been one of more or less close study ever since the dissection of the body began. However, the book before us considers it in a manner different from that adopted by most authors and one through which, we believe, a clearer conception is possible.

It is a pleasure to note that the author combines a discussion of function along with development and this is as we believe all discussions of anatomy should be, for were function, or physiology considered conjointly, it would seem to us that two of the bugbears of the student would be overcome, and that to a very considerable extent. Anatomy, pure and simple, is a dry bone to pick, but once the student thereof gains any idea of the functions of the various parts, a clearness comes to him and the two fundamental subjects of medicine become interesting.

While the book now before us is highly scientific, still at the same time we believe that it is one which will appeal to everyone who studies it, for it is remarkably clear upon everything connected with the subject.

If the student of medicine will study this book in connection with that of his text upon anatomy in general he will find many cloudy points, regarding the nervous systems, cerebrospinal and sympathetic, very nicely cleared up. It will, in addition, be an aid to the physiological consideration of the subject.

This book is particularly well illustrated with many original drawings and these are an aid, for they serve to further elucidate the text.

General Pathology, By Dr. Ernst Ziegler, Professor of Pathological Anatomy and of General Pathology in the University of Freiberg in Breisgan. Fifth American Edition from the Eleventh Revised German Edition. Revised by Douglas Symmers, M.D., Director of Laboratories, Bellevue and Allied Hospitals; Formerly Profesor of Pathology in the University and Bellevue Hospital Medical College. 594 pages, with 604 illustrations in black and colors. Cloth, price $7.00 net. New York: William Wood and Company, 1921.

The original German work, which has been considered as a good text for the student, has not been revised since 1904. Many of the fundamental points thereof are retained in this new American Edition and upon the basis of clinical observation by Symmers and associates has been brought down to date and again serves as a worthy text for both student and practitioner.

The primary arrangement of the book has not, to any very great extent, been disturbed, but there have been deletions of those things not proven, with additions of later discoveries, now known to be facts. In other words, with no sensible rearrangement, the work had been brought down to date.

In a considerable number of instance the German style of attention to detail has been retained, but the translator has been very careful to put the language in such English as may be readily understood. It should be an admirable laboratory guide, for it goes very thoroughly into technical detail. The illustrations, made from microscopic sections, are very clear and will act as an admirable aid to the student. There is much in this work which will likewise be of interest to the practitioner, and no matter what particular line of special work he may be following.

Human Parasitology, with notes on Bacteriology, Mycology, Laboratory Diagnosis, Hematology and Serology, by Damaso Rivas, M.D., Ph.D., Assistant Professor of Parasitology and Assistant Director of the course in Tropical Medicine, University of Pennsylvania, Octavo Volume of 715 pages with 422 illustrations and 18 plates most of which are in colors. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $8.00 net.

Like many other things connected with medicine, parasitology, in its connection with disease production, has been a thing which, as a special line of study, has been very considerably overlooked. It is true that something upon the subject has entered into every text-book on the practice of medicine and that numerous monographs have appeared, from time to time, relative to specific parasites, but not until now have we been offered a text which apparently covers the entire field, and in a concise and, at the same time, thorough manner.

We believe that others, like ourself, will find within Rivas' book many things of which the existence had not been known. It will be found that many of our rather common pathologic conditions may be cleared up, from an etiologic standpoint, through a more thorough understanding of parasites and their action upon the human economy.

Not only are all known parasites, which attack the human from time to time, very thoroughly described, but also are the conditions produced and not infrequently does the author give us valuable hints as to treatment as well as diagnosis.

Many illustrations, some original to this work, are introduced and if we are looking for this or that parasite, its recognition will be a matter of greater ease, if the pictures within the book have been made the subject of study. In the matter of clearing up some otherwise vague cases, this book will have a great value.

The Oxford Medicine, By Various Authors. Edited by Henry A Christian, A.M., M.D., Hersey Professor of the Theory and Practice of Physic, Harvard University, Physician-in-Chief to the Peter Bent Brigham Hospital, Boston, Mass., and Sir James Mackenzie, M.D., F.R.C.P., LL.D., F.R.S., Consulting Physician to the London Hospital, and Director of the Clinical Institute, St. Andrews, Scotland. In Six Volumes, Illustrated. Volume III. Diseases of the Digestive System, Kidneys, and Ductless Glands. Loose-Leaf. Cloth, price for Six Volumes $90.00 net. New York and London: Oxford University Press, 1921.

Like the volumes of this System, which we have had the pleasure of representing to you, this third one contains much in the way of new literature relative to the subjects discussed. In fact, it is a down-to-the-minute discussion and, because of the loose-leaf features and the sup-

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plements which appear at regular intervals, this system, regardless of the date or primary publication, if the doctor will carefully introduce the new pages, be always sure that he has the latest information obtainable upon all medical subjects.

As with the previous volumes, we find that the third contains monographs by various recognized authorities. This does not mean, however, that we are given the ideas of but a few men, for we notice that each writer has delved deeply into the literature and has given us the benefit of all known opinions upon each subject. That is, if those opinions have been proven worth while.

Each author goes into detail in his discussion. In this particular volume will be found, among other things of importance, a long article on gastric and duodenal ulcer, a something which may act to change the ideas of many regarding its treatment. And there are other matters of equal importance given much the same treatment

A TEXT-BOOK OF PATHOLOGY. By William G. MacCallum, M.D., Professor of Pathology and Bacteriology. Johns Hopkins University, Second edition, Thoroughly revised. Octavo volume of 1155 pages with 575 original illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth $10.00 net.

It is little wonder that MacCallum has gone through several reprintings and into second edition within about four years, for it is one work on pathology which should particularly please the everyday practitioner, who is not a trained laboratory technician or a surgeon who is handling pathological conditions daily. The seemingly small, and not mentioned by the author, point which interested us immediately upon picking up this book, was the fact that the *macroscopic* as well as the microscopic illustration of various conditions was so given that even a tyro in this particular subject might recognize that which he might encounter, even with-out much laboratory knowledge of pathology in general.

This little detail makes us think that MacCallum had the general practitioner in mind when writing the book, for as a rule, much attention is given to the microscopic side of the story, with little to the macroscopic. And the text furthers that idea. While scientific to the last letter, the author does not confuse the reader with a lot of detail difficult to understand.

The second edition has been fully revised. In some instances chapters have been wholly rewritten, while in other places new paragraphs have been introduced. The complete work has been brought down to date.

Because of the clearness of diction and of other features which appear peculiar to this work alone, it should be a very popular text, both for student and practitioner.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE, by James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine Graduate School of Medicine, University of Pennsylvania, Fourteenth Edition, Thoroughly Revised with the Assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $10.00 net.

It has been our pleasure to review several editions of this work. When any book has enjoyed such popularity as has this one, which now goes into its fourteenth edition, besides a number of reprintings of previous ones, what little that may be said in a review can add but little to the opinions which have been formed of Anders and his work.

Anders is invariably practical in his teachings and this edition, now before us, differs in no respect from those which have gone before? The findings of the world war are incorporated in this new volume and we also find more attention given to heart conditions and their diagnosis, both by physical examination and by mechanical means. Several conditions, hitherto given but little or no attention, but which have been brought forward by the war or otherwise, we find discussed. In fact, this volume is practically down to the minute. The arrangement and style are much the same as of previous editions and it goes without saying that the Anders style is one that makes for easy and comprehensible reading. As we have said, this work has retained its popularity since its first issue in 1897, and because the author has invariably been both practical and conservative.

A SYNOPSIS OF MEDICINE, By Henry Letheby Tidy, M.A., M.D., B.Ch. (Oxon), F.R.C.P. (Lond). Assistant Physician to St. Thomas' Hospital; Physician to Great Northern Hospital; formerly Assistant Clinical Pathologist and Medical Registrar in the London Hospital. 952 pages. Cloth, price $6.50 net. New York: William Wood and Company, 1921.

As its name implies, this is really a "synopsis" of medicine for it gives, in as few words as possible and in epitome form, the essentials of all disease which are apparently known. All unnecessary words are deleted and the reader is given the bare facts. Regardless of this, one finds, on going through this book, that every item, at all essential, is introduced. One may, within a very few minutes, obtain every fact about any particular condition which may be of interest at the moment and to the busy man this will engender a very considerable saving of time, for here he will find "medicine boiled down." To those who desire to quickly review internal medicine and the practice thereof, this work will be of great value and it will recommend itself to those who are about to take examinations for state license or to enter some branch of the government service.

Sufficient attention is given to every phase of every disease or condition as to give the reader a very clear idea of the subject. The author does not enter into controversial topics to any considerable extent, but rather gives those results which have been proven as exact, or nearly so. In addition to the classification and arrangement, which makes for quick and ready reference, there is an extremely complete index of more than 40 pages.

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SURGICAL CLINICS OF CHICAGO. Volume IV, Number VI (December 1920). Octavo of 1336 pages, 57 illustrations and complete index to Volume IV. Philadelphia and London: W. B. Saunders Company, 1920. Published Bi-Monthly: Price per year; Paper $12.00. Cloth, $16.00 net.

We understand that this will be the last number of the Clinics under the present title and that hereafter, as has been the case with the Medical Clinics, these will be made to cover the entire country. Of course this will give a wider field of action and may bring about some improvement, in the way of giving the ideas of men of various centers, but aside from that we doubt a decided betterment, for we have, since the passing of Murphy, been given the reports of many of Chicago's best and most conservative surgeons.

In this number of the Clinics, as in those which have gone before, we find the various teachers offering us those things which may occur in the practice of any physician at any time. As in the past, everything offered is of practical value and where operative interference has been deemed necessary, the full technic, with numerous illustrations, have been given. Much attention, as usual, is given to case histories and diagnosis. In fact, each case is given in full from beginning to end. There is much in this book which should be of more than passing interest to the general practician, for, as we have said, it deals with everyday things, many of which never reach the surgical specialist.

HEART AFFECTIONS, Their Recognition and Treatment, By S. Calvin Smith, M.S., M.D., Instructor in Medicine, University of Pennsylvania Graduate School of Medicine; Visiting Physician to the Philadelphia General Hospital, etc. 440 pages, illustrated. Cloth, price $5.50 net. Philadelphia: F. A Davis Company, 1920.

One of the first things that strikes the reader of this book is the simplicity of style and language of the author, for many who write regarding the heart adopt such language as to make what they say very difficult of comprehension. Despite this simplicity, we cannot see that the author has overlooked a single essential, or failed to properly discuss a single subject.

It is also a pleasure to note the note of conservatism which prevails upon every page. It has been written because of the general demand which has been voiced for just such a book and the work has been done by a man who knows, through clinical observation, whereof he speaks. Brevity is another feature of the work, for the author has endeavored to give the essentials in as few words as possible. It is the book for the busy man, who has not the time to devote to the study of vast controversy and thereafter make his determinations for himself. The author has given us that which has been proven as fact and evaded controversy. And he speaks in a commonsense tone throughout the book. Everyone should read his chapter on blood pressure, for instance, for it is so very commonsense in its tone. Just enough attention, and no more, is given to the discussion of every phase of every condition brought forward. If the reader desires more he can obtain it from those works which have to do with much in the way of controversy and which will take much more of his time. But for quick and dependable reference, this book recommends itself.

THE ROENTGEN DIAGNOSIS OF THE ALIMENTARY CANAL. By Russell D. Carman, M.D., Head of Section of Roentgenology in the Division of Medicine, Mayo Clinic and Professor of Roentgenology (Mayo Foundation), Graduate School of Medicine, University of Minnesota. Second Edition Thoroughly Revised. Octavo of 676 pages with 626 original illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth $8.50 net.

With the rapid strides made in Roentgen diagnosis, the ink of one edition of any article or book is hardly dry until another becomes a necessity, as new technical points and refinements thereof are being made almost daily.

In addition to a complete revision, we find this edition has two added chapters, one on hour-glass stomach and a chronologic abstract of the published work on pneumoperitoneal diagnosis of abdominal lesions. The book is also larger by almost 100 pages and there have been added over 120 new illustrations.

As with the first edition, this one is based wholly upon clinical observations and experience, and the X-ray illustrations, which are numerous throughout the book, show actual conditions and in a way which make them readily defined. In every instance a very full and comprehensive explanation accompanies an illustration. If one studies both he will, as time goes on, be able to read and define the plates or films connected with his own cases. This is one of the books which every man in medicine should study with care, for the importance of the Roentgen diagnosis is becoming more and more recognized. The internist should employ the X-ray man as much as should the surgeon, and should be as able to read his plates, and it is probable that the time is coming when we will all be forced to either make or have made such plates, in that our diagnosis may be as absolutely accurate as possible. Today the surgeon who places a patient upon the table for abdominal operation, without Roentgen diagnosis, is almost culpable and as time goes on the internist will find himself in much the same position. So it behooves us to study well anything upon the subject, and especially such a work as Carman offers.

A LABORATORY MANUAL AND TEXT-BOOK OF EMBRYOLOGY, by Charles W. Prentiss. Late Professor of Microscopic Anatomy, Northwestern University Medical School, Chicago. Revised and Rewritten, by Leslie B. Arey, Professor of Microscopic Anatomy, Northwestern University Medical School. Third Edition, Enlarged. Octavo volume of 412 pages with 388 illustrations, many in color. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $5.50 net.

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The first paragraph of the introduction to this book says: "The study of human embryology deals with the development of the individual from the origin of the germ cell to the adult condition. To the medical student human embrylogy is of primary importance because it affords a conprehensible understanding of gross anatomy. It is on this account that only recently a prominent surgeon has recommended a through study of embryology as one of the foundation stones of surgical training. Embryology not only throws light on the normal anatomy of the adult, but it also explains the occurrence of many anomalies and monsters, and the origin of certain pathological changes in the tissues. Obstetrics is essentially applied embryology. From the theoretical side, embryology is the key with which we may unlock the secrets of heredity, the determination of sex, and, in part of organic evolution."

But, as a rule, the medical student gets but a small bit of embryology, for its importance is very apparently overlooked. Nor do the text-books on obstetrics delve sufficiently deep into this part of the subject. Consequently the purpose and need of just such a book as is now before us, for here we find every phase of the subject given most thorough discussion.

Owing to the difficulty in obtaining human embryos in all stages of production, the author has employed that of the pig in the making of dissections, as there is, as is known, similarity between the two. At least to such an extent that the determinations made in connection with the one will apply in the study of the other.

In his work the author has gone into the minute details and has led us into the finer parts of embryology and opened up new fields of vision, such as are not usually offered in the general works on obstetrics. The book is replete with illustrations, colored where necessary to further emphasize points under discussion, which go far toward a full elucidation of the text.

We feel that this is one of the books which should form a part of the text studied by the student during his pre-graduate days, for it would give him a clearer idea of physical life than is, as a rule, gained from other sources, and would pave the way to a better understanding of other and allied subjects.

DIAGNOSTIC AND THERAPEUTIC TECHNIC. A Manual of Practical Procedures Employed in Diagnosis and Treatment. By Albert S. Morrow, M. D., Late Lieut.-Colonel, M. C., U.S.A., Attending Surgeon to the City Hospital, and to St. Bartholomew's Hospital, New York City, Consulting Surgeon to the Nassau Hospital, Mineola, L. I. Third Edition, Entirely Reset, Octavo of 894 pages, with 892 illustrations, mostly original. Philadelphia and London: 1921. W. B. Saunders Co. Cloth, $8.00 net.

In this and earlier editions Morrow has given us a book which is of value to general practitioners and surgeons alike, for it not only covers surgical diagnosis and therapeutic technic, but deals with many borderline conditions, a goodly number of which, if given proper attention and at an early date by the man in general practice, would probably never be forced into the hands of the surgeon, and more especially for major operative attention.

The author, in so far as we can see, has omitted nothing to give the reader a clear conception of every procedure discussed. The language employed is particularly clear and to the point, and as there is practically a line drawing or other illustration of some manner of technic, instrument, or something else equally important, for every page of text, it will be seen that the latter is particularly well elucidated.

It is very frequently the seemingly little thing, well cared for early, that overcomes the tendency to the big. Morrow has covered all those little things and makes it apparent that they may be given proper attention by the man in general practice and with, very frequently, very little trouble and with results which will be permanent.

In addition to technic of a purely surgical nature, the author gives attention to anesthesia, both general and local, sphygmomanometry, transfusion of blood, infusions of physiological salt solution, acupuncture, venesection, scarification, subcutaneous drainage for edema, cupping, leeching, hypodermic and intramuscular injection of drugs, administration of drugs, administration of diphtheria antitoxin and vaccination. Where necessary, in the consideration of the above subjects, thorough attention is given to technic. These are but a few of the subjects discussed and all with great fidelity to detail.

This is a book which every man in medicine, and no matter whether in general practice or following some specialty, should have and should study, for if given proper attention it will pave the way to better work.

KEEN'S SURGERY VOLUME VII. By Surgical Experts. Edited by W. W. Keen, M.D., L.L.D., Hon. F.R.C.S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and Clinical Surgery, Jefferson Medical College, Philadelphia. Octavo of 855 pages, with 359 illustrations, 17 of them in colors Philadelphia and London: W. B. Saunders Company, 1921.

Since the appearance of the first six volumes of Keen's Surgery, and during the interval of eight years since 1913, it has been one of our recognized authorities upon the subject.

With the coming of the war it was found that many of our previous ideas, both technical and of the treatment of wounds, would not apply, that is, with eminent satifaction, in war surgery. This opened a field for new endeavor, investigation and the application of special methods. In many ways the war revolutionized surgery and this has made call for the additions to Keen's work, which are now appearing.

In civil practice there have likewise been vast strides made since the first volumes of the work were completed and these, in turn, called for additions to Keen.

In the volume now before us and the one to come, from the press shortly, the author, with the assistance of many other surgical authorities, gives promise of bringing the entire work

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down to date. The contributors to the work number more than 125 and are not confined to the United States. In fact, the exact number of those contributing is 129. This gives the reader the benefit of the work of men in special fields.

In this seventh volume we are given the latest ideas relative to wound treatment and here we see that Lister and Pasteur were vindicated, and to the last letter, regarding their ideas of infection and the treatment of infected wound treatment. The facts, in this connection, which were brought forward through the surgery of the war, will be vast benefit to civil surgeons in time to come, and in Keen will be found detailed reports and discussion of this particularly important part of surgery.

The seventh volume covers such a multitude of subjects that a short review will not suffice to bring forward the many points which should be discussed, that the reader may have even a partially comprehensive idea of that which is offered. Suffice to say that Keen and his coworkers have given ultimate care to every subject considered and that he who gives study to what is said will be given good and sufficient information and will be brought down to date in his surgical knowledge.

From an historical standpoint there is much in this seventh volume which will add much to our knowledge of the war and what happened during its course. While war surgery occupies a very considerable space, that of a civil nature has not been overlooked in this later volume and in many instances the two interlock. Especially is this true where knowledge gained during the war will be of known value in civil work.

The seventh volume is well illustrated and the ones connected with war matter will be found of more than passing interest from an historical point of view. It is, of course, to be hoped that wars are at an end, but should another of such gigantic magnitude occur, Keen will be of great value to those who participate therein, for there will not be the need for experiment, such as there was before and even after America entered the conflict.

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Because of the fact that the J. A. M. A., has recently exposed Christian Science and chiropractic to a considerable extent, we commend that journal. This is something it should have done a long time ago, for these are things which have done much to interfere with the people of this country, and their proper treatment when ill, for something like three decades. Other publications have, from time to time, made like exposures, but these have been overlooked, for some unknown reason, by its own endeavors to further that which is scientific, and to do away with that which is the reverse.

We really commend the J. A. M. A., in this endeavor into which it has so recently entered, and that journal and its editors may be sure that they will receive any assistance which we, within our rather weak power, may afford them. We hope they will continue with this fight which they have begun and that, eventually, we may see these fakirs wiped out of existence.

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DEPARTMENT OF ELECTROTHERAPEUTICS.

The Static Induced Current.

WILLIAM MARTIN, M.D., Editor
Atlantic City, New Jersey.
Late President, American Electrotherapeutic Association.

This current while generated by the static machine, is in reality a high frequency current, and is the oldest type. It was discovered by Dr. W. J. Morton of New York, who used Leyden jars in circuit with the patient, and found the resulting current unlike any other that he had used. In preparing for the use of this current, the Leyden jars are placed upon a platform just in front of the machine, with circular plates of metal on either end of it. It is upon these brass plates that the jars set, which have also binding posts for the wire connections. As the current is bi-polar, two metal electrodes must be used in giving treatments, so that the circuit can be made. These electrodes may be of any proper size just as with the wave current, and are to be placed upon different parts of the body, as the needs require. The wires attached to these are hooked or attached to the binding posts of the platform, thus connecting with the outer coating of the Leyden jars, and the jars are likewise attached to the pole arms of the static machine by a suitable pair of rods, thus connecting the machine with the inner coat of the jars, which completes the circuit. The pole pieces are then placed in close approximation, so that when the machine is started, there will be no shock. The machine is slowly started, and the rods separated carefully until the proper amount of current is passing over the spark gap, which the patient will help to determine by his sensations. With this current, no ground chain is required.

The name static induced was given it by the originator, and is still applicable under our present knowledge. The arrangement of two condensors of small capacity, such as Leyden jars, is conducive to the production of ocillatory currents of relative high frequency, as the patient offers a sufficiently low resistence and inductance.

The physiological actions of this current are somewhat similar to those of the wave current recently alluded to, but are more of a local character, being more or less confined to the parts directly underneath the electrodes and the tissues between them. The relief from local stasis and sluggish metabolism will be very much the same. So far as investigations have shown, this current does not influence the whole body or constitutional metabolism as does the wave current. For this reason its range of action is not so great, yet it is distinctly a valuable agent, and in some ways it has distinct advantages over the wave current, as will be shown later.

In those cases where purely local action is desired, or in those rather difficult cases of multiple neuritis, where many areas are to be treated and time is an object, this current has distinct advantages. To explain; as it will be remembered that this current requires the use of two electrodes to complete the circuit, it will be readily seen that by placing two electrodes over two areas to be treated, it can be done in just half the time, and in a busy office this is no mean factor.

There is still another advantage in its use. In damp weather, as all users of the static machine know, it works with difficulty if at all, owing to penetration of the moisture of the air in spite of all precautions. If it works at all during these damp spells, the current will not reach its maximum output, and in case of the need of a fairly long spark, the machine will have to be run at great

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speed, which is always a menance to the machine's integrity, for the circles may loosen and do damage. Now in using the static induced under these conditions, this danger is obviated, because the current output is intensified, relieving the necessity of speeding the machine and insuring a good current discharge. The Leyden jars act as a capacity in storing the current and thus increase the force so that each jump of the spark across the gap makes strong contractions, varying in degree according to the size of the spark. Another point is that the strength of the current can be regulated by the size of the jars. These come in various sizes, and to be fully equipped, one should have the smallest and largest together with at least one intermediate size, so that all indications can be met.

In those cases in which the static induced current would appear to be the choice, and yet the parts are very sore and painful, a method of using one vaccum tube over the more sensitive area and the metal plate over another less painful part can be used. This method soften the effects of the current, and may be the better way of gaining the patient's confidence. Then just as soon as it is warranted, the usual method of the two metal electrodes may be resorted to, in order to continue the treatments to better advantage.

In some later paper this matter of the use of vacuum tubes will be taken up in a more full way, so this bare reference will be sufficient at this time.

This short treatise dealing with the static induced current will, I trust be helpful to those who may contemplate its use sometime in the future. It shows some of the possibilities therapeutically, and these matters will be taken up later when the treatment of the various chronic conditions are to be written up in future papers.

DEPARTMENT OF NURSING.

E. MILDRED DAVIS, A.B., R.N., Editor.
Superintendent Bayonne Hospital and Dispensary, Bayonne, New Jersey.

HAS THE TIME COME TO ABOLISH THE PROBATIONARY PERIOD? (*Abstracted from "The Trained Nurse and Hospital Review," April,* 1921.)

The idea of omitting the probationary period from the nurses training may seem revolutionary, as the old order of things would be disregarded. The probationary term was established when the first schools of nursing were organized by Florence Nightingale. The women of that period were not accustomed to independence, and they submitted to such regulations, as a necessary feature of the course of training, which made economic independence possible.

There were no professions or occupations for men or women, where the economic and social freedom of today could be realized. It was quite natural that the new profession of nursing should require a probation term for the purpose of determining the qualifications of candidates.

Conditions have changed materially. Today women have achieved economic independence in every profession, and renumerative positions are rapidly increasing their demands for qualified women.

It is difficult for the Training Schools to obtain a sufficient number of nurses, on account of the inducements from other sources, where probationary periods are not included in the requirements for admission to the profession.

The probationary term has always been unpopular with nurses and many of them have resented it to such an extent that they discourage any member of their family, who may be inclined to enter the training school.

The fault finding attitude which has already been acquired by too many nurses may be traced back to the probationary period, when they were not members of the group of student nurses, and not treated as such.

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often becomes an "eye-sore" to the conscientious physician whose therapeutic resources have come near being exhausted—with the patient little, if any, improved.

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Typhoid Vaccination. In a recent French medical journal the statement was made by Achard that since the war only the women were having typhoid fever as all the men were protected because of their army vaccinations. If more proof were needed of the efficacy of anti-typhoid vaccination this would command attention. "To think rationally of disease is healthy"—and to teach individuals to think sanely is most certainly a part of the physician's function. No campaign for the eradication of any disease is carried far enough to be truly effective unless people are informed of known and proved methods of personal prevention. Eli Lilly & Company is urging physicians to protect their patients by vaccination against typhoid and paratyphoid fevers. Lilly Biologicals are supplied through the drug trade. They are accessible, properly stored, fresh and potent.

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The nursing supply is inadequate in a large percentage of our communities. Women are not entering the nursing profession in satisfactory numbers. If the abolishment of the probationary period will offer sufficient inducement to increase the number of applicants, the experiment is worth while.

The allowance of money which is issued each month to student nurses should be extended to the probationer, who may be admitted as a freshman or first year student and permitted to wear the school uniform without bib or cap. These may be issued as rewards for satisfactory service after a prescribed curriculum has been completed. Conditions of this description will attract students, who have been discouraged by the vivid memories of probationary days, as related by students in training or graduates.

PSYCHIATRY FOR THE STUDENT NURSE. (*Abstracted from "The American Journal of Nursing," April,* 1921.)

The special training for social workers ncludes a thorough course in Psychiatry. The student nurse is constantly in touch with the mental and nervous element in every case of physical injury or disease, with which she comes in contact. However, the training schools for nurses have not considered this subject of sufficient importance to include, as an essential feature of the curriculum.

The physical and mental elements may be equally divided in the nursing of patients suffering from fever, yet the importance of the mental disturbance is considered secondary.

Patients suffering from psychosis in complication with physical injury or disease have died from the effects of wandering about in cold rooms or wards in delirium. Nurses have not always realized the importance of the early stages of delirium, and have not provided constant attention, in order to prevent such tragedies.

The introduction of a specified period consisting of a few weeks of intensive instruction and practical experience in psychiatry has not been popular with the superintendents of training schools or the students. In certain schools the experience is optional with the student, resulting in the fact, that but few availed themselves of the privilege.

The theory that mental cases require only custodial care is unjust to the patient, also to the nurse who should receive a limited experience along this line of nursing. The general course of training should include instruction and experience in all branches of nursing, which are essential for general practice.

RED CROSS IN NEW YORK READY FOR EMERGENCIES (*Abstracted from "The Modern Hospital," April,* 1921.)

The New York County Chapter of the Red Cross has organized a relief unit, which is prepared to report for duty at any time, in event of a disaster in any section of metropolitan New York.

The unit consists of trained nurses, ambulance drivers, canteen and first aid workers, and is equipped to handle ten thousand casualties a day.

A garage containing nineteen Red Cross ambulances is open day and night for the purpose of transporting the victims of any diaster to the various hospitals.

The Metropolitan warehouse is equipped with an enormous amount of surgical dressings, clothing, operating equipment, litters and cots. which can be distributed wherever needed in event of a disaster. The Red Cross canteen is supplied with coffee, canned meat, condensed milk, etc., and the Canteen Corps is sufficient to serve seven hundred persons with food in five minutes. Six hundred gallons of coffee can be made in forty minutes.

The relief unit has already been called into service several times. Twenty-five minutes after the Wall Street explosion, a truck, loaded with emergency supplies arrived at the scene of disaster.

HOSPITALS IN CHINA. (*Abstracted from "The Pacific Coast Journal of Nursing," April,* 1921.)

A large percentage of the hospitals of China, about two hundred, conducted by the missions, are destitute of clean clothes for the patients, bedding, nursing service and pure water. A questionairre disclosed the following facts.

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Thirty-seven per cent of these hospitals possessed no bedding, or only enough for a very few patients.

Forty-three had no laundries or inadequate ones.

Over ninety per cent had no pure water supply, or running water throughout the hospital.

There is an average of only one mission bed to every 29,640 people in China.

Eighty per cent had only one foreign trained doctor last year.

Thirty-four per cent had no nurse, foreign or Chinese; and sixty per cent not more than one graduate nurse.

Sixty-two per cent had no regular system of night nursing.

A New Preparation of the Vitamines. Recently Parke, Davis & Co. announced the development in their Research Laboratories of a physiologically tested product containing the three vitamines. This preparation, called Metagen, is supplied only for the use of physicians, in the form of capsules of 5 grains each of the powder. Metagen contains (1) the fat-soluble vitamine "A" found in the fresh milk and butter of healthy cattle, in cod-liver oil and some plants; (2) the water-soluble vitamine "B," which exists in yeast, nuts, and the husk and germ of grains; and (3) the water-soluble "C," the chief source of which is the citrus fruits—oranges, limes, etc.—and certain vegetables. It is a well-established fact that each of the three types of vitamine, fat-soluble A, water-soluble B, and water-soluble C, plays a specific role in nutrition. To insure normal physiologic function, all three must be present in the body. The absence of one or more is in all probability the cause of the various deficiency diseases. Thus, a lack of the fat-soluble A vitamine is apparently the cause of rickets, pellagra, and dental caries, in the latter case associated with a deficiency of the calcium salts. The absence of the water-soluble B is responsible for the appearance of polyneuritis or the beriberi of the Orient, and for failure of growth in artificially fed infants. The water soluble C vitamine is essentially antiscorbutic, and its absence from the dietary, as of sailors on long voyages, is responsible for the appearance of scurvy among the crew, and for infantile scurvy as well. As the vitamines are not harmful, it is manifestly better in the treatment of deficiency diseases to prescribe a preparation in which all of them are present, rather than to risk failure by the use of a single vitamine. The field for the use of Metagen is very wide. One has only to consider briefly the fact that a large proportion of the dietary of most town and city dwellers is in all probability lacking in vitamines. This is an age of canned foods, polished rice, artificial butter, condensed milk, white flour and other refinements of our twentieth-century civilization, all of which make for convenience, perhaps but their general use presents a problem in nutrition that the physician is often called upon to solve. With the help of the three vitamines in Metagen his task should be materially simplified.

Discover New Anesthetic. Discovery of a new local anesthetic to be used as a substitute for cocaine, in anesthesia, was recently announced by the University of Illinois, in whose laboratories the work was accomplished. A further announcement to the medical profession is now made by The Abbott Laboratories, of Chicago, that this new anesthetic will be supplied by them and will be known as BUTYN. This new product is structurally related to both cocaine and procaine, but clinical tests have shown it to be superior to cocaine in practically every respect: for example, it is less toxic in the concentrations required for effective anesthesia; its solutions may be boiled without decomposition, it causes no dilation of the pupil of the eye, nor drying up of its secretions. It is less irritant than cocaine and much more rapid in its action. The anesthesia produced by BUTYN is of longer duration and its solutions are slightly antiseptic. No Harrison narcotic blank is required in securing BUTYN, as it is without the habit-forming disadvantages of cocaine. Clinical work prove this new anesthetic useful as a substitute for cocaine. A two per cent aqueous solution instilled into the eye will produce anesthesia so rapidly that operative work can commence at once. It is expected that this new discovery will soon be available for the profession.

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SECOND.—That vaccination against Paratyphoid "A" protects against that infection but does not protect against Typhoid or Paratyphoid "B".

THIRD.—That vaccination against Paratyphoid "B" likewise protects against that infection only.

FOURTH.—That vaccination against all three infections does definitely protect against all three.

FIFTH.—**That the protection** conferred **and the results of agglutination** tests, **are identically the same whether the individual is immunized against each organism separately** or **whether the vaccines are given in combination.**

SIXTH.—That the "Non-Specific-Reaction" of Typhoid vaccination is of no avail as a protection against the closely allied Paratyphoid infections.

Of course it is not always safe to reason from analogy. On the other hand is it not well to preserve the open mind and consider if there may not be merit in combinations of vaccines other than Typhoid-Paratyphoid, even though the immunizing response is less distinct and of shorter duration?

Paracelsus, Harvey, Jenner, Pasteur, all were men of "the open mind". They broke down the barriers set by authority in their times, and it seems to us a sad return to old traditions to insist that only those things which have the seal of official, or quasi-official, approval may ethically be included in the physician's armamentarium.

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